

SONG-BROWN FAMILY PHYSICIAN TRAINING PROGRAM SITE VISIT EVALUATION REVIEW

FAMILY PRACTICE RESIDENCY PROGRAM: Hanford Family Practice Medicine
Residency Program

Date of Site Visit: May 13, 2008

Site Review Staff: Manuela Lachica, Song-Brown Program Director and Terrie Smith,
Program Analyst

Names and Titles of Persons Interviewed: Tracy Belsan, Program Administrator

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in italics:

- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:*
- A. Meet the American Medical Association’s “Essentials for Residency Training in Family Practice”, and*
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and*
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or*

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and:*
- B. Be accredited as an “Osteopathic Postdoctoral Training Institution” (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and*
- C. Meet C requirement above.*

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected: April 2008

Concerns: The program anticipates that they will receive a letter from the ACGME in November 2008.

Has a site visit relating to your accreditation been conducted recently, whose results are not yet available? Yes ☒ No ☐

Comments:

2. Is the residency program operated by a medical school?
Yes ☐ No ☒

If yes, with which medical school? _____

3. Is the residency program operated by a teaching hospital that is affiliated with a medical school? Yes ☒ No ☐

If yes, with which medical school? Loma Linda University

4. If the residency program is operated by a teaching hospital that has no current affiliation, is one being negotiated?
Yes ☐ No ☐ Not Applicable ☒

If yes, with which medical school? _____

Additional comments relating to compliance with Section I of the Standards (optional)

This is the rural component of the Loma Linda University (LLU) Family Practice Residency Program that opened in March 2006 (ground work started in 2001). This component has its own ACGME accreditation and a separate match number from the LLU Family Practice Residency Program. The program was initially certified by the ACGME for 5 years for a maximum of 10 residents, currently there are 2 residents.

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower

socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

The following questions relate to Section II of the Training Program Standards:

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities? (Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ If no, provide comments: _____

2. Describe the location of the residency program's principal family health center?

Check which category(ies) apply(ies):

Medically underserved multicultural community ☒

Lower socioeconomic area ☒

Rural area ☒

None of the above ☐

3. Family health center street address and zipcode: 1025 N. Douty Street, #105,
Hanford CA, 93230

For OSHPD staff use – geographic location of family health center:

Census tract _____ MSSA _____

4. Are all of the residency program's residents required to spend part of their three years in patient care in that location? Yes ☒ No ☐

Did the site review include a visit to the principal family health center?

Yes ☒ No ☐

5. List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standards (above):
Training Program Street Address and Zipcode:

Residents complete their inpatient rotations at the Hanford Community Hospital which is part of the Seventh Day Adventist Hospital system. Residents complete the majority of their specialty clinic at the Hanford location on Douty Street. The residency program is the only residency in the entire hospital which provides residents with a great opportunity to experience a variety of health care issues.

For OSHPD staff use – geographic location of training component (other than family health center):

Census tract _____ MSSA _____

6. Describe the location of the residency program's training component (other than its principal family health center):

Medically underserved multicultural community	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Lower socioeconomic neighborhood	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Rural area	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

7. Check all applicable categories that describe the training component:

Federally Qualified Health Center or Look-alike	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other community health center (Kings County Health)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Rural health clinic	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Government-owned/operated facility	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Other (describe): _____

Additional comments relating to compliance with Section II of the Standards (optional)

The payer breakdown for the Hanford Rural Track is 80% Medi-Cal, 15% Private and 5 % Medi-Medi (Medi-Care/Medi-Cal). The patient population receiving health care services is 50 % Hispanic, 40% American Indian and 10% Other.

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.*
- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.*
- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.*

Yes ☒ No ☐

The following questions relate to Section III of the Training Program Standards:

1) Does the program have an established procedure to identify, recruit and match family practice residents who possess the following characteristics?

- a) A predisposition to practice in areas of need? Yes ☒ No ☐
b) Who express a commitment to serve in areas of need? Yes ☒ No ☐

The program's selection criteria consists of reviewing the personal statement to determine if they would fit in the program, academic standing and a desire to be part of the mission. Residents are given a choice to spend 8 days in Costa Rica or 12 days in Guatemala providing health care services to the underserved populations over the 2 years that they are in the residency program.

2) Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

- (a) Mission statement speaks to graduate deployment Yes ☒ No ☐
(b) Website emphasizes underserved areas, populations Yes ☒ No ☐
(c) Promotion of mission in interviews of residency applicants Yes ☒ No ☐
(d) Weighting of underserved goals affecting ranking of residents Yes ☒ No ☐
(e) Special emphasis on recruiting residents from areas of unmet need Yes ☒ No ☐
(f) Developing core faculty with experience in underserved practices
Dr. Thompson – F.P, Yes ☒ No ☐
(g) Utilizing community physicians from underserved areas
Dr. Enloe – O.B. Yes ☒ No ☐
(h) Offering preceptorships, clerkships to medical, pre-med students Yes ☒ No ☐
(i) Formally promoting medical careers in high schools, colleges Yes ☐ No ☒

The program offers clerkships to Loma Linda medical students and provides sports physicals for the local schools, they also participate in Community events providing Health Education.

3) Does the program have an established counseling and placement program designed to encourage training program graduates to enter practice in areas of need?

Yes ☒ No ☐

Maureen Larkin is the recruitment officer for the program, she provides residents with recruitment fairs and other community events where interested employers have an opportunity to speak to 3rd year residents.

4) Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 5 categories)

- a) Faculty advisors/hospital management promote practice opportunities
Yes ☒ No ☐
- b) Supplementary assistance to graduate, family to locate in area
Yes ☒ No ☐
- c) Coordination with NHSC federal/state loan repayment programs
Yes ☒ No ☐
- d) Coordination with community physicians in recruiting residents
Yes ☒ No ☐
- e) A program for the placement of family physicians in underserved areas
Yes ☒ No ☐

Additional comments relating to compliance with Section III of the Standards (optional)

Residents are offered a reimbursement package if they are interested in starting a practice in the rural area of Hanford.

The following are general questions relating to the administration of the Song-Brown program:

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.
 - a) The applications for Song-Brown funds: Yes ☐ No ☒
 - b) The oral presentations to the Commission: Yes ☐ No ☒
 - c) The contract process: Yes ☐ No ☒
 - d) The invoice process: Yes ☐ No ☒
2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?

Staff Comments: Although Dr. Osborn had applied for a capitation cycle for this rural component it has not received Family Practice Capitation funds to date. Since we were going to be in Kern County area conducting site visits we made the decision to make a visit to the program. Dr. Jaime Osborn (LLU FP Program Director) was instrumental to getting approval for this program.

The Hanford Rural track program provides an excellent opportunity for residents to learn how to provide health care to rural underserved patients and to learn how the rural system of health care works.